

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

DELAWARE LIFE INSURANCE
COMPANY OF NEW YORK,

Plaintiff

vs.

RETIREMENT VALUE, LLC,

Defendant.

CIVIL ACTION NO. 3:22-cv-275

AND RELATED CROSSCLAIM

DECLARATION OF DR. ELI INZLICHT-SPREI, M.D.

I, Dr. Eli Inzlicht-Sprei, M.D., declare as follows:

1. I have personal knowledge of the matters set forth in this declaration, I am of sound mind, and I am otherwise competent to testify to these matters.
2. I hold a medical degree from St. Georges University School of Medicine. I am, and have been since 1984, a licensed physician in the State of New York, license number 159-200.
3. I personally know Herschel Siegel, who also goes by the name Herman Segal. I also have known his mother, Lilly Segal, since 2009, and had been her treating physician since.
4. Around November 7, 2018, Mr. Segal asked me to come to his residence located at 4115 Quentin Road, Brooklyn, NY 11234 to attend to his mother. I have previously visited

Mr. Segal at this residence. When I arrived, I confirmed that his mother was deceased. I recognized her when I examined the body, and knew her to be Lilly Segal.

5. Attached as Exhibit 1 is a true and correct copy of the death certificate for Lilly Segal, Mr. Segal's mother, that I completed and signed. Mr. Segal advised that Lilly Segal legally changed her name to Sprinta Berger, so the death certificate uses that name. I also identified Mr. Segal in the death certificate by his given name.

I declare under penalty of perjury that the foregoing is true ad correct. Executed on February 16, 2022.

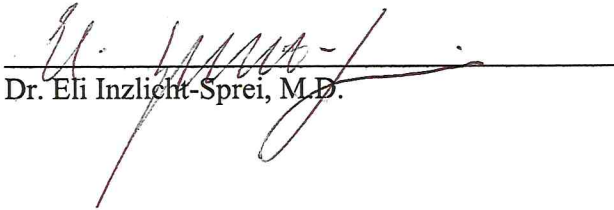

Dr. Eli Inzlicht-Sprei, M.D.

EXHIBIT 1

VITAL RECORDS CERTIFICATE

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 NEW YORK CITY CERTIFICATE OF DEATH Certificate No. 156-18-046077
 DEPARTMENT OF HEALTH
 AND MENTAL HYGIENE
 November 07, 2018 10:52 AM

1. DECEDENT'S
LEGAL NAME

SPRINTA BERGER

(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	Place of Death 2a. New York City 2b. Borough BROOKLYN	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input checked="" type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify	2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) 4115 QUENTIN ROAD
	Date and Time of Death 3a. (Month) (Day) (Year-yyyy) NOVEMBER 7 2018	3b. Time (AM/PM) 12:05 PM	4. Sex FEMALE	5. Date last attended by a Physician mm dd yyyy 11 06 2018	
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.					
Name of Physician ELI INZLICHT-SPREI (Type or Print)		Signature <i>Elie Inzlicht-Sprei</i>		Date 11/07/2018	
Address 620 FOSTER AVENUE BROOKLYN NY 11230		License No. 159-200		Date 11/07/2018	
7a. Usual Residence State NEW JERSEY	7b. County SOMERSET	7c. City or Town GREEN BROOK	7d. Street and Number 24 FAIRWAY DRIVE	Apt. No. 08812	7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No
8. Date of Birth (Month) (Day) (Year-yyyy) JANUARY 14 1924	9. Age at last birthday (years) 94	10. Social Security No. [REDACTED] 5373			
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") HOMEMAKER	11b. Kind of business or industry OWN HOME	12. Aliases or AKAs			
13. Birthplace (City & State or Foreign Country) CZECHOSLOVAKIA	14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> 9th - 12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)				
15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	16. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input checked="" type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify	17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last)			
18. Father's Name (First, Middle, Last) TZVI BERKOVITZ		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) SHPRINTZA BERGER			
20a. Informant's Name HERSCHEL SIEGEL	20b. Relationship to Decedent SON	20c. Address (Street and Number) Apt. No. City & State ZIP Code 4115 QUENTIN ROAD BROOKLYN NY 11234			
21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify	21b. Place of Disposition (Name of cemetery, crematory, other place) BETH DAVID CEMETERY				
21c. Location of Disposition (City & State or Foreign Country) ELMONT, NEW YORK		21d. Date of Disposition mm dd yyyy 11 07 2018			
22a. Funeral Establishment JEWISH FUNERAL SERVICE of Brooklyn NY 723 CONEY ISLAND AVENUE Brooklyn NY 11218		22b. Address (Street and Number) City & State ZIP Code			

Gretchen Van Wye
 Gretchen Van Wye, Ph.D., City Registrar as of 9/1/18

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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Steven P. Schwartz
 Steven P. Schwartz, Ph.D., City Registrar



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December 2, 2020

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